Registrolla District No. 1003	euen HAV	1 5 4057	STANDARD CERTII	EALTH OF MISSOURI	***************************************	ચક્ર
b. CITY (If ourside corporate limits, give TOWNSHIP only) Inside Limits OR St. Louis C. CITY (If ourside, give location) OR St. Louis C. CITY (If ourside, give location) OR St. Louis C. CITY ORN St. CITY ORN St. CITY ORN St. CITY ORN St. Louis C. C	I HITFN MOA				N. 1003 STATE	. 1.03
D. CITY (II outside experient limits, give TOWNSHIP only) OR OR OR OR OR St. Louis OR OR OR St. Louis OR OR OR OR OR OR OR OR OR O		EATH		a. STATE	b. COUN	
E. FULL NAME OF CIT NOT inhospital, give (section) Length of stay in 1b HOSPITAL OR HOSPITAL OR PART I. OHORE G. Phillips 41 yrs. d. STREET ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. Yes. ADDRESS 4451 Kennerly Yes. Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. Yes. Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. ADDRESS 4451 Kennerly Yes. Yes. Y	OR _		**	c. CITY OR	2	
3. MARNE OF DECLARAGE (Calvin Calvin	c. FULL NAM HOSPITAL	E OF (If NOT in hospital, give OR		d. STREET	(If outside, give	l l
5. SEX	3. MAME OF DECEASED	Firat		Last	4. DATE M	Ionth Day
100. USAL OCCUPATION (Clier kind of work done during most of working life, seen if relieved acture most of working life, seen if relieved clity Refuse Dept. Mark Co., Alabama U. S. A.	5. SEX	6. COLOR OR RACE 7.	WIDOWED BE DIVORCED	B. DATE OF BIRTH	9. AGE (In years law birthday)	
Frank Walker S. WAS DECEASED EVER IN U. S. ARMED FORCES] 16. SOCIAL SECURITY NO. 17. IMFORMANT Address 16. SOCIAL SECURITY NO. 17. IMFORMANT Address 499-05-2444 ABORTHA ROTHSCHILD 4451 Kenner 499-05-2444 ABORTHA ROTHSCHILD 4451 Kenner 499-05-2444 ABORTHA ROTHSCHILD 4451 Kenner 445	during most of Reti:	TION (Give kind of work done working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and m	(ate or country) Alabama	
State of Death Enter only one cause per line for (a), (b), and (c).] State of Death Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Renal Failure	Frank V	Valker		Alice Chri	stian	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gare rise to above cause (a), starting the underlying cause last. DUE TO (b) Benign Hyper. Prostate Conditions, if any, which gare rise to above cause (a), starting the underlying cause last. DUE TO (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II III JUN 11 II JUN 11 II JUN 12	(Yes, no. or unknown) NO	(If yes, give war or dates of service)	499-05-2444	` }		51 Kenner
which gare file to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFO YES 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m., p. m. P. m. 20d. INJURY OCCURRED FOR MONTH, Day, Year INJURY (c. g., in or about home, farm, factory, street, office bidg., etc.) WHILE AT NOT WHILE AT WORK INJURY OCCURRED (D. C.) 10-30-57 and last saw her alive on Death occurred at 1:20 a. m. m on the date stated above; and to the best of my knowledge, from the cause of the part of th		DEATH WAS CAUSED BY:	· · · · · · · · · · · · · · · · · · ·	ilure	·	
Stating the under: DUE TO (c)	which go above c	we rise to ause (a).	Benign Hyper. Pr	ostate		
20d. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m., p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21. I attended the deceased from 19-28-57, to 10-30-57 and last saw her alive on him a	stating t	he under- nuse last. DUE TO (c)	RIBUTING TO DEATH BUT NOT RELATI	D TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(4)	19. WAS A
20c. TIME OF Hour Month, Day, Year INJURY a. m., p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK IGNORY, greet, office bidg., etc.) 21. Testended the deceased from 19-28-57 to 10-30-57 and last saw her alive on 120 a. m. on the date stated above; and to the best of my knowledge, from the cause 22a. SIGNATURE (Degree or title) 22b, ADDRESS 22c. DATE REMOVAL (Specify) Removal (Specify) Greenwood Cemetery Or Crematory St. Louis County 124. Funeral director Address 25. Date RECO. By Local Reg. 26 Rigistran's Sighature 24. Funeral director Address 25. Date RECO. By Local Reg. 26 Rigistran's Sighature 25. Date RECO. By Local Reg. 26 Rigistran's Sighature 25. Date Reco. By Local Reg. 26 Rigistran's Sighature 25. Date Reco. By Local Reg. 26 Rigistran's Sighature 26. Date Reco. By Local Reg. 26 Rigistran's Sighature 25. Date Reco. By Local Reg. 26 Rigistran's Sighature 26. Date Reco. By Local Reg. 26 Rigistran's Sighature 26. Date Reco. By Local Reg. 26 Rigistran's Sighature 27. Date Reco. By Local Reg. 26 Rigistran's Sighature 27. Date Reco. By Local Reg. 26 Rigistran's Sighature 27. Date Reco. By Local Reg. 26 Rigistran's Sighature 27. Date Reco. By Local Reg. 27. Date Reco. By Local Reg. 28 Rigistran's Sighature 27. Date Reco. By Local Reg. 28 Rigistran's Sighature 27. Date Reco. By Local Reg. 28 Rigistran's Sighature 28. Date Reco. By Local Reg. 28 Rigistran's Sighature 28. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reg. 28 Rigistran's Sighature 29. Date Reco. By Local Reco.						YES 🔲
INJURY a. m., p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE farm, factory, street, office bidg., etc.) 21. Testended the deceased from 10-28-57, to 10-30-57 and last saw her alive on Death occurred at 1120 a. m. m on the date stated above; and to the best of my knowledge, from the cause 22a. SIGNATURE (Degree or title) 22b, ADDRESS 23d. BURIAL, CREMATION. REMOVAL (Specify) 11/5/57 Greenwood Cemetery Or CREMATORY St. Louis County (Specify) 11/5/57 Greenwood Cemetery St. Louis County (St. Prince of Research of the county o	-		. DESCRIBE NOW MISON OCCOR			
WHILE AT ONE WHILE AT WORK IN AT	O INJURY	a. m., p. m.			• •	
Death occurred at 1:20 a. M. m on the date stated above; and to the best of my knowledge, from the cause 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DA 23a. BURIAL, CREMATION. REMOVAL (Specify) 11/5/57 GreenWood Cemetery OR CREMATORY St. Louis County (SR MINISTER COUNTY) 125. DATE RECO. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE	WHILE AT	NOT WHILE THE Sarm, Jack	tory, street, office bldg., etc.)			
220. SIGNATURE (Degree or title) 22b, ADDRESS 22c. DA 23d. BURIAL CREMATION. 23d. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (S REMOVAL (Specify) 11/5/57 Greenwood Cemetery St. Louis County. 1 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26/REGISTRAR'S SIGNATURE		1.20				on
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Removal (Specife) 11/5/57 Greenwood Cemetery St. Louis County. 24. FUNERAL DIRECTOR ADDRESS Z5. DATE RECD. BY LOCAL REG. Z6/REGISTRAR'S SIGNATURE	, , , , , , ,					
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE	REMOVAL (Speci	(n)				
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St. Louis

Walker

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This is the form that their things of the commence

to comply with the above constitutes grounds for revocation of license).

If this body is not embalmed, fact should be so stated above.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

by me, or by.

working under my personal supervision..

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

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Student Embalmer No...

Licensed Embalmer No